

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No.

31604

Registrar's No.

8218

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS				c. LENGTH OF STAY (In this place)		b. COUNTY St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL				e. STREET ADDRESS (If rural, give location) 1010 Hi-Pointe			
3. NAME OF DECEASED (Type or Print)		a. (First) MAURICE		b. (Middle) JOHN		c. (Last) ARCHDEACON, JR.	
4. DATE OF DEATH		(Month) (Day) (Year)		SEPTEMBER 5, 1954			
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
Male	White	Married		Dec. 14, 1898		55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
Baseball Scout		Entertainment		St. Louis Mo.		C	
13a. FATHER'S NAME Maurice Archdeacon		13b. MOTHER'S MAIDEN NAME Mary A. Bruce		14. NAME OF HUSBAND OR WIFE Eleanor Archdeacon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
(If yes, give war or dates of service)		Unknown		Eleanor Archdeacon 1010 Hi-Pointe			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean the manner of dying, such as death by fire, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertensive Cardiovascular Disease</i>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Cerebral Vascular Accident</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?  442x			
22. I hereby certify that I attended the deceased from <u>8-10-54</u> , 19 <u>54</u> , to <u>9-5-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-5-54</u> , 19 <u>54</u> , and that death occurred at <u>2:05A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Martin A. Austin M.D.</i>				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 9-6-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9-8-54		24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i> Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. SEP 7 1954		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's		ADDRESS 2849 N. Euclid Ave.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD